

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008106

FILED  
Mar 14, 2005  
Secretary of State

**Entity Name:** EICHENFELD OAKS MEDICAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6418 BADGER DRIVE  
TAMPA, FL 336102004

**New Principal Place of Business:**

**Current Mailing Address:**

6418 BADGER DRIVE  
TAMPA, FL 336102004

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANG, ROBERT A  
814 GASCON PLACE  
TEMPLE TERRACE, FL 33617      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: LANG, ROBERT A  
Address: 814 GASCON PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SVD                      ( ) Delete  
Name: TAYLOR, J C  
Address: 513 WYNNWOOD DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: VD                      ( ) Delete  
Name: MOWAT, CHARLES  
Address: 2907 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STVD                      (X) Change ( ) Addition  
Name: TAYLOR, J C  
Address: 513 WYNNWOOD DRIVE  
City-St-Zip: BRANDON, FL 33511

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J CURTIS TAYLOR

STVD

03/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date